

101st Financial Management Detachment Camp Eggers, Afghanistan

Paying Agent Class
Invitational Travel Order
(ITO)

AGENDA

- Overview of Funds
- Paying Agent
- Duties and Responsibilities
- The Money
- Advancing Procedures
- Settling Procedures
- Overview of Forms
- References
- POC
- Closing

PAYING AGENT

- Paying Agent (PA)
 - Trained/Certified by the Finance Office
 - Ensure ITO forms are filled out properly, pays the traveler, saves receipts and safeguards funds

- Requirements
 - Commissioned/Warrant Officer
 - Enlisted Soldier, E-7 or above
 - Exceptions made for E-6, with waiver from BN CDR (O-5 or higher, or Staff principal BDE Level or Higher)
 - Appointment as PA is recorded on a DD 577, signed by BN CDR (O-5 or higher, or Staff principal BDE Level or Higher)
 - **Must be no less than 90 days out from redeployment and 60 days from R&R**

DUTIES AND RESPONSIBILITIES

- As a Paying Agent you **will:**
 - Be the central POC for all things related to the ITO
 - Ensure that the ITO Advance sheet, 1351-2, 1351-6 and appointment orders are completed properly
 - Maintain a transaction register/ledger to track expenses; and balance at least once a day
 - Safeguard your funds and receipts
 - Review and familiarize yourself with the DSOP#2-Paying Agent Memorandum of Instruction and all other applicable regulations
 - Make payments directly to the traveler daily, record them on an 1351-6 and obtain receipts for all purchases.
 - Recommended that you make payments directly to the vendor for large purchases. i.e. Hotels and Transportation
 - **Contact your DA, 10 days before travel advancement / settlement to insure ITO is completed and ready**

DUTIES AND RESPONSIBILITIES

- As a Paying Agent you **will not**:
 - Gamble, invest or use Government funds for personal use
 - Mix Government funds with personal funds
 - Conduct business under duress
 - Entrust your funds to any other individual
 - Make payments in advance of receiving goods
 - Round up dollar amounts on purchases you make
 - Attempt to draw funds from another Finance Office (DA) without prior approval
 - Make change for anyone, for any reason
- Maximum Travelers
 - To not have more than 10 travelers per PA

DUTIES AND RESPONSIBILITIES

- 10 Day Rule
 - Contact your DA, 10 days before travel advancement / settlement to insure ITO is completed and ready
- Loss of Funds
 - Cease all paying activities and contact your DA
- WIA/KIA
 - Procedures are outlined in Disbursing SOP#5
 - Unit CDR will contact DA

Recommendations

- Issue cash to Travelers daily, keeping 1351-6 secured after being signed
- Payments directly to vendors when ever possible i.e. hotels and transportation.
- Have hotel turn off all paid amenities
- **Don't give remaining funds back to Travelers until after settlement is complete**
- PA should be involved in the whole ITO Process, not just be the handler of funds.
- Travelers' Per Diem is paid in full whether or not it is fully used; transportation and hotel is only reimbursed at actual expense, not the rate advanced.
- If you drew cash to pay for the expense, pay in cash.
Credit/Debit card charges will not be reimbursed!

THE MONEY

■ Pecuniary Liability

- As defined by the DoD pecuniary liability is “a personal, joint, or corporate monetary obligation to make good any lost, damaged, or destroyed property resulting from fault or neglect. It may also result under conditions stipulated in a contract or bond.”

reference: <http://usmilitary.about.com/od/glossaryterm/g/p4705.htm>

- In other words, if you lose the Government's money and it is discovered that the loss occurred because of either your own fault or neglect, you will owe the Government whatever money you lost.

■ Safeguarding Funds

- When the funds and paid vouchers are not physically on your person they must be kept in an approved security container (i.e. a safe or vault) IAW DoDFMR, Vol. 5, Chapter 3
- The PA **MUST** be the only individual with access to the money
- Receipts are as valuable as cash. If they are lost or not received from the vendor, you may not be reimbursed.

Advancing Procedures

■ **Required documents**

- TDY Advance Request Sheet
- Escort / Paying Agent Memo
- DD Form 577
- Invitational Travel Order
 - Must list who the PA is going to be on the ITO
- **Per Diem Worksheet**
 - Check Per Diem/Lodging Website for Rates:
 - <http://www.defensetravel.dod.mil/site/perdiemCalc.cfm>

TDY Advance Request Sheet

ITO ADVANCE REQUEST SHEET

IMPORTANT NOTES:

1. If you have access to the government credit card, you must withdraw cash from the ATM machine.
2. If you are an E7 or GS9 or above, you are required to possess and utilize the government credit card. Approval of advance will be authorized by the Finance Office on a case basis.
3. A copy of orders (DD 1610) and the advance request sheet.

COMPONENT: CSTC-A

Today's Date:	<u>27 August 2010</u>	Departure Date:	<u>29 April 2010</u>
Name:	<u>Haidari, Abdul Rashid</u>	Passport #	<u>000-03-9021</u>
Unit:	<u>GS IG</u>	Duty Phone:	<u>318-237-3148</u>

Traveler's Information

TDY LOCATION: Fort Belvoir, VA

INFORMATION AND AVAILABILITY OF ROOM RESERVATIONS AT ARMY INSTALLATIONS WORLDWIDE, CALL TOLL FREE FROM GERMANY (0130-81-7065) OR STATESIDE (1-800-162-7691). IF A GOVERNMENT FACILITY IS NOT USED, ENSURE YOU GET THE STATEMENT OF NONAVAILABILITY NUMBER (SNA) AND NAME OF INDIVIDUAL AT THE LODGING FACILITY FOR INCLUSION IN YOUR SETTLEMENT VOUCHER.

AMOUNT REQUESTED: \$4732.00

PA's Requested
Amount

SIGNATURE: Laverne Boat DATE: 27 Aug 2010

PA Signs for traveler

Invitation al Travel Order



NATO TRAINING MISSION - AFGHANISTAN
COMBINED SECURITY TRANSITION COMMAND - AFGHANISTAN
KABUL, AFGHANISTAN
APO AE 09356

NTM-A/CSTC-A-COS

Date: 25 March 2010

Per Diem- \$15540
Travel- \$15960
Other- \$30
Total- \$31500

Invitational Travel Order Number: ANA5564TA00553

Name: Group ITOs – See attached list of travelers

Event: A visit by the MOD IG, GS IG, and MOI IG, for office calls with the DoD IG, DAIG, and MWD IG, a visit with the US Army Inspector General School, briefings and discussion panels with the DoD and DAIG departments, and a visit to the US DAIG School.

Occupations: Inspectors General for the MOD, GS, and MOI

1. You are invited by the United States Government to visit the U.S. for office calls with the DoD IG, DAIG, and MWD IG, a visit to the US Army Inspector General School, and briefings and discussion panels with the DoD and DAIG departments. The events will occur from 29 April – 9 May 2010 in Arlington VA, Fort Belvoir VA, and Washington, D.C. and return. The visit supports the continued development and professionalization of the IG at all levels in the ANA and ANP. You are authorized an advance of \$4732 per traveler. Variation is not authorized during this travel. Actual Expense Allowance (AEA) is not authorized for this trip. Commercial per diem (lodging + M&IE) is payable for this trip. Traveler is authorized to travel via commercial aircraft IAW JFTR/JTR. Reimbursement for VISA fees, baggage transfer fees, excess baggage fees, exit taxes, conference fees, laundry fees, local transportation fees, and communication fees are authorized.

2. Combined Security Transition Command- Afghanistan (CSTC-A) is providing you with funds for your lodging, meals and incidental expenses throughout the trip.

3. You are required to keep receipts to substantiate all claims to include lodging and other expenses. You are required to file a DD Form 1351-2 travel voucher within 5 days after completion of travel to the Installation Finance Office (Cole House). One copy of this travel order along with copies of all tickets and receipts must be attached to the travel claim when submitted.

4. POC for funding of this travel order is SGT Alexander Lebron; CSTC-A, CJ8. DSN 318-237-3148.

- If the orders don't specify reimbursement of the expense, the expense **WILL NOT** be reimbursed.
- Orders **MUST** have an accounting line printed on the orders.
- Orders must be signed by the Funding Authority J8/CJ8.

Invitational Travel Order Number: ANA5564TA00553 →

Travel Order Number. This is the number entered in Block 8 of the 1351-2.

TRAVELERS:

Name: **BG Abdul Rashid Haidari**
 Sex: Male
 Place of Birth: Panshir, Afghanistan
 Date of Birth: 7 August 1952
 Passport No: SE039021
 US Visa No:
 Title: Deputy GS Inspector General

For this particular example, this is the traveler's Administrative Data. This information is used to populate the Administrative Data portion of the 1351-2. The Passport Number is used as the traveler's SSN in Block 4.

ITINERARY:

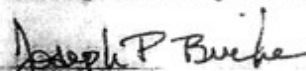
1. Depart Afghanistan on 29 April 2010 to Washington D.C.
 - a. Visit DOD IG in Arlington, VA
 - b. Visit DA IG in Arlington, VA
 - c. Visit the FBI IG, Washington D.C.
 - d. Visit the HQ, Military District of Washington, Washington D.C.
 - e. Visit the Department of Homeland Security IG, Washington D.C.
 - f. Visit DAIG School in Fort Belvoir, VA
2. Depart Washington D.C. to Afghanistan, on 7 May. Arrive in Kabul, Afghanistan on 9 May.

This is the itinerary for the trip. If you claim a TDY location on the 1351-2 that is not included in the itinerary, the claim is incorrect and rejected until the corrections are made. As noted in Paragraph 1, on the first page of the ITO, **variation** is not authorized. Therefore, the 1351-2 should conform to the given itinerary.

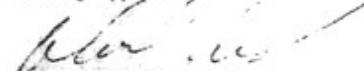
Invitational Travel Order Number: ANA5564TA00553

5. Travel is chargeable to: Funding for this ANA
 21 0 2091 0000 8A 2084 P1400000AMD 21T2 83R84D TRV0GR84D00001 R84D83 009076

Authorizing/Order-Issuing Official:


 JOSEPH P. BUCHE
 CMA US Army
 Chief of Staff

Funding Approved:


 ALEXANDER LEBRON SGT USA
 NCOIC, Accounting
 Account Analyst, CSIC-A CTR

Line of Accounting and Approval. This is the most important part of the ITO. If the line of accounting (LOA) and Signatures by the Approving Authority are not present, the order is worthless. The LOA is the source of funding for the ITO. LOAs vary greatly, but the LOA in this example represents the typical LOA.

Per Diem Worksheet Sample

Date	State/Country	City/Base	Meals	Incidental	%	1351-6	Lodging	Total
20-Jun-11	UAE	DUBAI	60.00	27.00	75%	65.25	0.00	65.25
21-Jun-11	CALIFORNIA	LONG BEACH	66.00	5.00	100%	71.00	123.00	194.00
22-Jun-11	CALIFORNIA	LONG BEACH	66.00	5.00	100%	71.00	123.00	194.00
23-Jun-11	CALIFORNIA	LONG BEACH	66.00	5.00	100%	71.00	123.00	194.00
24-Jun-11	CALIFORNIA	LONG BEACH	66.00	5.00	100%	71.00	123.00	194.00
25-Jun-11	CALIFORNIA	LONG BEACH	66.00	5.00	100%	71.00	123.00	194.00
26-Jun-11	CALIFORNIA	LONG BEACH	66.00	5.00	100%	71.00	123.00	194.00
27-Jun-11	CALIFORNIA	LONG BEACH	66.00	5.00	100%	71.00	123.00	194.00
28-Jun-11	MISSOURI	ST LOUIS	61.00	5.00	100%	66.00	105.00	171.00
29-Jun-11	MISSOURI	ST LOUIS	61.00	5.00	100%	66.00	105.00	171.00
30-Jun-11	MISSOURI	ST LOUIS	61.00	5.00	100%	66.00	105.00	171.00
1-Jul-11	MISSOURI	FT LEONARD WOOD	41.00	5.00	100%	46.00	78.00	124.00
2-Jul-11	MISSOURI	FT LEONARD WOOD	41.00	5.00	100%	46.00	78.00	124.00
3-Jul-11	MISSOURI	FT LEONARD WOOD	41.00	5.00	100%	46.00	78.00	124.00
4-Jul-11	MISSOURI	ST LOUIS	61.00	5.00	100%	66.00	105.00	171.00
5-Jul-11	MISSOURI	ST LOUIS	61.00	5.00	100%	66.00	105.00	171.00
6-Jul-11	MISSOURI	ST LOUIS	61.00	5.00	100%	66.00	105.00	171.00
7-Jul-11	MISSOURI	ST LOUIS	61.00	5.00	100%	66.00	105.00	171.00
8-Jul-11	VIRGINIA (DC)	WASHINGTON DC	66.00	5.00	75%	53.25	0.00	53.25
9-Jul-11	AFGHANISTAN	KABUL	22.00	6.00	75%	21.00	0.00	21.00
Authorized Expenses Per Traveler (Check Orders)			1,160.00	123.00		1236.50	1,830.00	\$3,066.50
Airfare			3,500.00					
Flight Fees			0.00					
Baggage Fees			80.00					
Visa Fees			100.00					
Taxi/Shuttle			50.00					
Total								\$3,730.00

Total Estimated Cost	
Total Per Diem Disbursed	\$1,236.50
Total Max Lodging Costs	\$1,830.00
Total Authorized Expenses	\$3,730.00
Number of Travelers	2
Total Anticipated Cost	\$13,593.00

Pay Agent Name:	BABE RUTH
Travel Order #:	AAA5564TA00000
	11/19/2011

Do not spend more than you're authorized on lodging or meals, or you will pay for it out of **your** pocket.

Pay Agent Memo

- The terms Pay Agent and Funds Escort Agent are synonymous.
- The Pay Agent memo assigns pecuniary liability to the appointed Pay Agent for all funds received in conjunction with the ITO.
- The Pay Agent memo authorizes the Pay Agent to receive and safe guard funds for the Traveler.

Escort / Paying Agent Memo



DEPARTMENT OF DEFENSE
HQ, TASK FORCE DIAMOND, 101st FINANCIAL MANAGEMENT COMPANY
JOINT SUSTAINMENT COMMAND JSCA- (143)
BAGRAM AIRFIELD, AFGHANISTAN
APO AE 09354

JSCA-JLC-101

19 May 2011

MEMORANDUM FOR Finance and Accounting Officer, 101st Financial Management Company, Bagram Airfield,
APO, AE 09354

SUBJECT: Paying Agent Appointment

1. Under the provisions of DODFMR, Volume 5 020602, **RANK, NAME, SSN**, is appointed as paying agent to MAJ LESLIE A. BARNETT, Disbursing Officer (DO), DSSN 8830.
2. PURPOSE: To perform duties as paying agent for (i.e., Operation, Project, Program...) From **START DATE** To **END DATE (NOT TO EXCEED REDEPLOYMENT DATE)**
3. MAXIMUM ADVANCE: **MUST MATCH MAX AMOUNT ON DD577**
4. ACCOUNTING CLASSIFICATION: SAME AS PR&C
5. SPECIAL INSTRUCTION: Paying Agent will be familiar with the contents of DoDFMR Volume 5 and DFAS-IN-37. Paying agent will receive a copy of the 101st Financial Management Company Paying Agent MOI and understand these instructions prior to drawing funds. Funds will not be entrusted or intermingled to others for any purpose. Paying agent is authorized to make official government purchases that have been properly prepared and signed by the accompanying Field Ordering Officer and vendor. Funds and paid vouchers will be secured at all times as required by DODFMR, Vol. 5, chapter 3.

"Signature"
CMDR's Printed Name (O-5 or Above)
Rank and Branch
Title

6. STATEMENT: I accept my appointment as paying agent to MAJ LESLIE, A BARNETT, 101st Financial Management Company, and agree to hold myself accountable to the United States for all public funds received. I have been counseled as to my pecuniary liability, given the Standing Operating Procedures, and had all of my questions relating to this appointment answered satisfactorily.

"Signature"
Agents Printed Name
Rank/Branch
Title

Overview of Forms

DD 577 (Appointment)

First Draw

Original Signatures

Maximum Advance

Only Change the two items
Marked in BLK 14

APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE (Read Privacy Act Statement and Instructions before completing form.)		
PRIVACY ACT STATEMENT AUTHORITY: E.O. 9397, 31 U.S.C. §§ 3325, 3528, DoD Financial Management Regulation, Vol. 5, Chapter 33, and DoDD 7000.15, DoD Accountable Officials and Certifying Officers. PRINCIPAL PURPOSE(S): To maintain a record of certifying and accountable officers' appointments, and termination of those appointments. The information will also be used for identification purposes associated with certification of documents and/or liability of public records and funds. ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve banks to verify authority of the accountable individual to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published in the Federal Register. DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude appointment.		
SECTION I - FROM: COMMANDER/APPOINTING AUTHORITY		
1. NAME (First, Middle Initial, Last) NAME OF SIGNATURE IN BLOCK 5	2. TITLE BN CDR/TEAM CHIEF	3. DOD COMPONENT/ORGANIZATION BN, BCT
4. DATE (YYYYMMDD) DATE	5. SIGNATURE BN CDR (O-5 OR ABOVE FOR OMA, OPFUNDS AND CLAIMS) TEAM CHIEF (O-4 OR ABOVE FOR TTIF ONLY)	
SECTION II - TO: APPOINTEE		
6. NAME (First, Middle Initial, Last) PAYING AGENT'S NAME	7. SSN PAYING AGENT'S SSN	8. TITLE PAYING AGENT
9. DOD COMPONENT/ORGANIZATION CO, BN, BCT		10. ADDRESS (Include ZIP Code) LOCATION OF UNIT (FOB & APO AE)
11. TELEPHONE NUMBER (Include Area Code) DSN/VOIP		12. EFFECTIVE DATE OF APPOINTMENT (YYYYMMDD) DATE
13. POSITION TO WHICH APPOINTED (X one) <input type="checkbox"/> CERTIFYING OFFICER <input type="checkbox"/> ACCOUNTABLE OFFICIAL <input checked="" type="checkbox"/> OTHER (Specify) PAYING AGENT		
14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY SHOWN ABOVE. YOUR RESPONSIBILITIES WILL INCLUDE: Under the provisions of DODFMR, Volume 5, para 020602, PAYING AGENT'S NAME, is appointed as paying agent to MAJ TIMOTHY J. LANCASTER, Disbursing Officer, 208th Finance Management Company, Camp Liberty, Iraq APO 90944, DSSN 5579 MAXIMUM ADVANCE: \$Dollar Amount		
SPECIAL INSTRUCTIONS: The Paying Agent is authorized to disburse funds for official government purchases in accordance with the regulations listed below in block 15. The Paying Agent will make authorized purchases using the Standard Form 44 or the DD 1351 (optional for multiple guard forces, rewards and detainee payments). The funds will not be entrusted to others or intermingled with other funds. The Paying Agent will receive a copy of all applicable regulations and will understand all instructions prior to drawing funds. Funds and paid vouchers must be secured at all times as required by DODFMR, Vol 5, Chapter 3.		
15. YOU ARE ADVISED TO REVIEW AND ADHERE TO THE FOLLOWING REGULATION(S) NEEDED TO ADEQUATELY PERFORM THE DUTIES TO WHICH YOU HAVE BEEN ASSIGNED: DoDFMR, Vol. 5, chapter 33; DFAS-IN Regulation 37-1, Chapter 40; DSOP #2-Paying Agent MOI (14Oct07); DSOP #9-Solatum Payments (14Oct07); DSOP #16-CERP Payments (14Oct07); DSOP #17-Rewards Payments (14Oct07); MAAWS book (Feb08)		
SECTION III - ACKNOWLEDGEMENT OF APPOINTMENT I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds under my control. I have been counseled on my pecuniary liability and have been given written operating instructions. I certify that my official signature is shown in the box below.		
16. PRINTED NAME (First, Middle Initial, Last) PAYING AGENT'S NAME	17. SIGNATURE PAYING AGENT'S SIGNATURE	
SECTION IV - TERMINATION OF APPOINTMENT		
The appointment of the individual named above is hereby revoked.		18. EFFECTIVE DATE (YYYYMMDD)
19. APPOINTEE INITIALS		
20. NAME OF COMMANDER/APPOINTING AUTHORITY	21. TITLE	22. SIGNATURE

Lodging

- Don't pay more than the allowed lodging rate from the DFAS per diem website.
- Anything overpaid comes out of your pocket.
- The maximum allowable amount is the total amount per night plus taxes (CONUS and OCONUS)

Settling Procedures

- Required documents
 - Travel Voucher (1351-2)
 - Multi Pay List (1351-6)
 - ITO (original & amendments)
 - Receipts
 - Advancement paperwork
 - REMAINING CASH
- All documents get sent to Kuwait for Settlement processing

Settlement Timeline

- Return:
 - Turn in documents and remaining cash to Finance
 - Documents sent to Kuwait
- R+7:
 - Final Per Diem sent from Kuwait
 - PA draws remaining Per Diem Funds
- R+7-10:
 - PA returns with Final signed Multiple Payment List
 - Final MPL sent to Kuwait
- R+12:
 - Final Closing Documents sent from Kuwait
 - PA Closes account at Finance

Travel Voucher

- The travel voucher (1351-2) is broken down into **4** major sections:
 - Administrative Data
 - Itinerary
 - Reimbursable Expenses
 - Signatures
- Traveler will sign block 20.a. before turning into Finance

DD Form 1351-2

TRAVEL VOUCHER OR SUBVOUCHER		Traveler's Passport Number	
<p>1. PAYMENT</p> <p><input type="checkbox"/> Electronic Fund Transfer (EFT)</p> <p><input type="checkbox"/> Payment by Check</p>		<p>SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.</p> <p>Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$</p>	
<p>2. NAME (Last, First, Middle Initial) (Print or type)</p> <p>Haidari, Abdul Rashid</p>		<p>3. GRADE</p> <p>BG</p>	<p>4. SSN</p> <p>SE039021</p>
<p>6. ADDRESS: a. NUMBER AND STREET</p> <p>APO</p>		<p>b. CITY</p> <p>AE</p>	<p>c. STATE</p> <p>09356</p>
<p>e. E-MAIL ADDRESS</p> <p>JOHN.DOE@AFGHAN.SWA.ARMY.MIL</p>		<p>5. TYPE OF PAYMENT (X as applicable)</p> <p><input checked="" type="checkbox"/> TDY <input type="checkbox"/> Member/Employee</p> <p><input type="checkbox"/> PCS <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA</p>	
<p>7. DAYTIME TELEPHONE NUMBER & AREA CODE</p> <p>237-1000</p>		<p>8. TRAVEL ORDER AUTHORIZATION NUMBER</p> <p>ANA5564TA00553</p>	
<p>11. ORGANIZATION AND STATION</p> <p>AFGHAN MOD IG</p>		<p>9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCE</p> <p>4,702.00</p>	
<p>12. DEPENDENT(S) (X and complete as applicable)</p> <p><input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED</p> <p>a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE</p>		<p>13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)</p>	
<p>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Explain in Remarks)</p>		<p>10. FOR D.O. USE ONLY</p> <p>a. D.O. VOUCHER NUMBER</p> <p>b. SUBVOUCHER NUMBER</p> <p>c. PAYEE</p>	

DD Form 1351-2, cont.

16. ITINERARY				17. DURATION OF TRAVEL	
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
29Apr	DEP KABUL, AFGHANISTAN	CP			
29Apr	ARR DUBAI, UAE		AT		
30Apr	DEP DULLES INT'L AIRPORT	CP			
30Apr	ARR DULLES INT'L AIRPORT	CA	AT		
30Apr	DEP ARLINGTON, VA	CA	TD	1,582.00	
7May	DEP DULLES INT'L AIRPORT	CA	AT		
7May	ARR DULLES INT'L AIRPORT	CP			
8May	DEP DUBAI, UAE	CP	AT		
8May	ARR DUBAI, UAE	CP			
9May	DEP KABUL, AFGHANISTAN		MC		
9May	ARR KABUL, AFGHANISTAN				

18. REIMBURSABLE EXPENSES				19. GOVERNMENT/DEDUCTIBLE MEALS	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	a. DATE	b. NO. OF MEALS
19APR10	AIRFARE	2,660.00			
1MAY10	DC METRO SUBWAY FARE	5.00			
7MAY10	LODGING TAXES	162.19			

Only one location entered per block

Ensure that this date format is used.

This is CONUS lodging. Therefore, the taxes must be separated from the room rate. The expense is adjacent to the location and date that it was incurred.

DD Form 1351-2, cont.

20. a. CLAIMANT SIGNATURE <i>John Doe</i>		b. DATE 17MAY10	
c. REVIEWER'S PRINTED NAME JAMES BAILEW		d. REVIEWER SIGNATURE <i>J. Bailew</i>	e. TELEPHONE NUMBER 430-1340
21. a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE	c. TELEPHONE NUMBER
22. ACCOUNTING CLASSIFICATION		d. DATE	
23. COLLECTION DATA			
24. COMPUTED BY			
25. AUDITED BY			
26. TRAVEL ORDER AUTHORIZATION POSTED BY			
27. RECEIVED (Payee Signature and Date or Check No.)			
28. AMOUNT PAID			

DD FORM 1351-2, MAR 2008

PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

Exception to SF 1012 approved by GSA/HRMS 12-01. Adobe Designer 7.0

DD Form 1351-2, cont.

■ CODES for Blocks 15c and 15d.

CTIONS

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL *(Use two letters)*

GTR/TKT or CBA <i>(See Note)</i>	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
<i>(Own expense)</i>	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance <i>(POC)</i>	- P	Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

Multiple Payments List

- Used to record daily payments to travelers
 - If traveler chooses not to sign, then PA will not provide the Per diem funding.
 - If traveler cannot
- Most included Travelers Names, SSN/Passport #, Amount Funded and Signature of Traveler.
- 24 Travelers per form
- New form used each day.

MULTIPLE E PAYMENT S LIST

MULTIPLE PAYMENTS LIST						Page	of	Pages
PRIVACY ACT STATEMENT								
AUTHORITY:		Title 5 USC 5516, 5517, 5520, and 5701; Title 37 USC 404-427; and E.O. 9397						
PRINCIPAL PURPOSE(S):		Used to supplement DD Form 1351-2, "Travel Voucher or Subvoucher," to substantiate claims for reimbursement when multiple individuals of an organization are performing official travel at the same time, between the same points, and accounting data is the same. The information collected may also be used as a payroll list.						
ROUTINE USE(S):		Information may be furnished to an employee's state and/or local taxing authorities, to comply with agreements entered into by the Secretary of the Treasury, for verification of filing information used by an individual in a tax return; in addition, release of information on this form may be made to Federal, state, local or foreign law enforcement agencies, for investigation of and possible prosecution of an individual charged with violating any law, statute, rule, regulation, or order in this claim for restitution.						
DISCLOSURE:		Voluntary; however, failure to furnish requested information may result in total or partial denial of amount claimed.						
1. TYPE OF PAYMENT (Check applicable)								D. O. VOUCHER NUMBER
<input type="checkbox"/> MILITARY PAY (MP)		<input type="checkbox"/> TRAVEL ALLOWANCE (TA)		<input type="checkbox"/> OTHER (Specify)		PAID BY		
2. PAYROLL NUMBER (If applicable)								
4. ORGANIZATION AND STATION								DSSN 8830 101st FMCo Bagram Airfield APO, AE, 09354 Leslie A. Barnett MAJ RC
101st FMCo Bagram Airfield, Afghanistan APO-AE, 09354								
5. PAYEE IDENTIFICATION						e. TRAVEL ORDER OR OTHER AUTHORITY	f. AMOUNT	g. SIGNATURE OR CHECK NUMBER
a. LAST	b. FIRST	c. MI	d. SSN					
1			- -					1
2			- -					2
3			- -					3
4			- -					4
5			- -					5
6			- -					6
7			- -					7
8			- -					8
9			- -					9
10			- -					10
11			- -					11
12			- -					12
13			- -					13
14			- -					14
15			- -					15
16			- -					16
17			- -					17
18			- -					18
19			- -					19
20			- -					20
21			- -					21
22			- -					22
23			- -					23
24			- -					24
PAGE TOTAL								
6. ACCOUNTING CLASSIFICATION								
7. PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THESE STATEMENTS ARE CORRECT AND PROPER								
a. NAME AND TITLE OF CERTIFYING OFFICER (Please type)						b. CERTIFYING OFFICER (Signature)		

Receipts Summary

- All Receipts, 1351-2's and 1351-6's will be turned into finance of settlement
- Receipts are the most significant cause for Settlement rejection or incorrect payment.
- Just as the ITO authorizes the TDY travel, receipts authorize all claims for reimbursement.
 - Exemption is hotel and transportation receipts

Receipts Summary, cont.

- All receipts must be in USD.
- Receipts must be translated into English

Receipts Summary, cont.

- **Typical receipt deficiencies**
 - **Missing from claim**
 - **Illegible**
 - **Receipt does not reflect a “zero balance”**
 - **Receipt is in foreign currency (no conversion breakdown)**
 - **Receipt is not itemized (lodging)**

Overview of Forms

DD 577

(Termination)

BN CDR Signs

PA Initials

Original not required

APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE (Read Privacy Act Statement and Instructions before completing form.)		
PRIVACY ACT STATEMENT AUTHORITY: E.O. 9397, 31 U.S.C. §§ 3325, 3528, DoD Financial Management Regulation, Vol. 5, Chapter 33, and DoDD 7000.15, DoD Accountable Officials and Certifying Officers. PRINCIPAL PURPOSE(S): To maintain a record of certifying and accountable officers' appointments, and termination of those appointments. The information will also be used for identification purposes associated with certification of documents and/or liability of public records and funds. ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve banks to verify authority of the accountable individual to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published in the Federal Register. DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude appointment.		
SECTION I - FROM: COMMANDER/APPOINTING AUTHORITY		
1. NAME (First, Middle Initial, Last) NAME OF SIGNATURE IN BLOCK 5	2. TITLE BN CDR/TEAM CHIEF	3. DOD COMPONENT/ORGANIZATION BN, BCT
4. DATE (YYYYMMDD) DATE	5. SIGNATURE BN CDR (O-5 OR ABOVE FOR OMA, OPFUNDS AND CLAIMS) TEAM CHIEF (O-4 OR ABOVE FOR TTIF ONLY)	
SECTION II - TO: APPOINTEE		
6. NAME (First, Middle Initial, Last) PAYING AGENT'S NAME	7. SSN PAYING AGENT'S SSN	8. TITLE PAYING AGENT
9. DOD COMPONENT/ORGANIZATION CO, BN, BCT		10. ADDRESS (Include ZIP Code) LOCATION OF UNIT (FOB & APO AE)
11. TELEPHONE NUMBER (Include Area Code) DSN/VOLP		12. EFFECTIVE DATE OF APPOINTMENT (YYYYMMDD) DATE
13. POSITION TO WHICH APPOINTED (X one) <input type="checkbox"/> CERTIFYING OFFICER <input type="checkbox"/> ACCOUNTABLE OFFICIAL <input checked="" type="checkbox"/> OTHER (Specify) PAYING AGENT		
14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY SHOWN ABOVE. YOUR RESPONSIBILITIES WILL INCLUDE: Under the provisions of DODFMR, Volume 5, para 020602, PAYING AGENT'S NAME, is appointed as paying agent to MAJ Norman B. Kirby, Commander, 24th Financial Management Company. MAXIMUM ADVANCE, \$Dollar Amount SPECIAL INSTRUCTIONS: The Paying Agent is authorized to disburse funds for official government purchases in accordance with the regulations listed above in block 15. The Paying Agent will make authorized purchases using the Standard Form 44 or the DD 1351-6 (optional for multiple guard forces, rewards and detainee payments). The funds will not be entrusted to others or intermingled with other funds. The Paying Agent will receive a copy of all applicable regulations and will understand all instructions prior to drawing funds. Funds and paid vouchers must be secured at all times as required by DODFMR, Vol 5, Chapter 3. 15. YOU ARE ADVISED TO REVIEW AND ADHERE TO THE FOLLOWING REGULATION(S) NEEDED TO ADEQUATELY PERFORM THE DUTIES TO WHICH YOU HAVE BEEN ASSIGNED: DoDFMR, Vol. 5, chapter 33; DFAS-IN Regulation 37-1, Chapter 40; DSOP #2-Paying Agent MOI (14Oct07); DSOP #9-Solatium Payments (14Oct07); DSOP #16-CERP Payments (14Oct07); DSOP #17-Rewards Payments (14Oct07); MAAWS book (01June07)		
SECTION III - ACKNOWLEDGEMENT OF APPOINTMENT I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds under my control. I have been counseled on my pecuniary liability and have been given written operating instructions. I certify that my official signature is shown in the box below.		
16. PRINTED NAME (First, Middle Initial, Last) PAYING AGENT'S NAME	17. SIGNATURE PAYING AGENT'S SIGNATURE	
SECTION IV - TERMINATION OF APPOINTMENT		
<input checked="" type="checkbox"/> The appointment of the individual named above is hereby revoked.		18. EFFECTIVE DATE (YYYYMMDD) DATE
19. APPOINTEE INITIALS PAYING AGENT'S INITIALS		BN CDR SIGNS
20. NAME OF COMMANDER/APPOINTING AUTHORITY SAME AS BLOCK 1	21. TITLE BN CDR/TEAM CHIEF	
22. SIGNATURE SAME AS BLOCK 1		

REFERENCES

- DoDFMR, Volume 5, Chapters 2 & 3
 - <http://www.defenselink.mil/COMPTROLLER/FMR/05/>
- Disbursing SOP #2 – Paying Agent Memorandum of Instruction
- DFAS Regulation 37-1
- The Joint Federal Travel Regulation (JFTR), Vol 1

Paying Agent Office Hours

- Monday: 0930-1530
- Wednesday: 0930-1530
- Thursday: By Appointment only
- Saturday: By Appointment only
- Appointments are required to clear and draw funds.
- **Minimum 2-day notice for appointments.**

Paying Agent Office

Eggers Disbursing Agent:

SSG TUCKER, GLEN

318-237-1000

GLEN.D.TUCKER@AFGHAN.SWA.ARMY.MIL

Clerk:

SPC RAWLINS, JOSHUA

318-237-1522

JOSHUA.M.RAWLINS@AFGHAN.SWA.ARMY.MIL

All ITO Settlement claims are submitted to the
ITO Group inbox at

itotravel@kuwait.swa.army.mil.

POINTS OF CONTACT

- If you have questions, be sure to direct them to the proper agency:
 - Finance Office
 - Drawing and Clearing
 - DD 1351-2
 - DD 1351-6
 - Kuwait
 - Per Diem Rate
 - Settlement Determination
 - J-8
 - ITO's
 - Amendments

CLOSING

- Things to Remember:

- Paying Agents

- If you have any questions about what you are doing, ask!
 - Email is the best way to communicate with your DA directly
 - Do not let anyone make you do something with your money that you know you should not do
 - Only make purchases authorized, not what the Traveler wants.
 - Remember Lessons Learned